

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

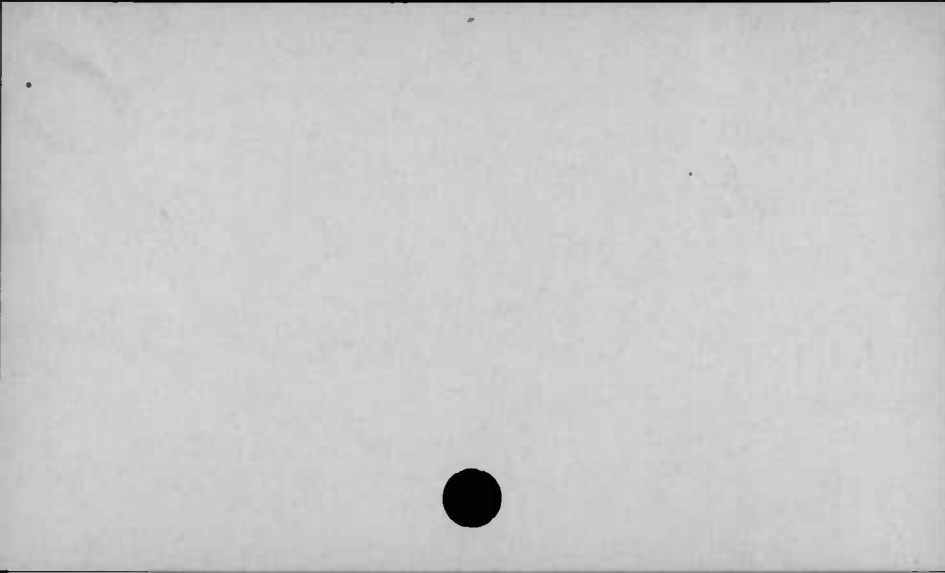
Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full *Nath. Brown* Certificate of Death
 Died at *Parkville* ^{Town} *Calvert* ^{County} *11*
 Date 19*02* *July* ^{Month} *31* ^{Day} Age *90* ^{Y.} *-* ^{M.} *-* ^{D.} *Calvert* ^{Native of} *md* ^{Occupation}
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living
 Husband of _____
 Wife _____
 Father's Name _____ Mother's Maiden Name _____
 Cause of Death { *Senile Dementia* ¹⁵⁴ How long sick *10 days*
 { *Accident, Suicide, Homicide*
 Reported by *M. H. Brown*
 Address *P. B. Brown*



Adella Chew

Town

County

MARYLAND

Died at

Parrace

Calvert

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July

3

Age

15 1

Cal.co.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Perry Chew

27

Mother's

Maiden Name

Nestha Johnson

Cause of

Primary

Acute Pulmonary Tuberculosis

How long sick

4 Months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. W. Leitch M.D.

Address

Buckingham Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Benjamin Coats



CERTIFICATE OF DEATH

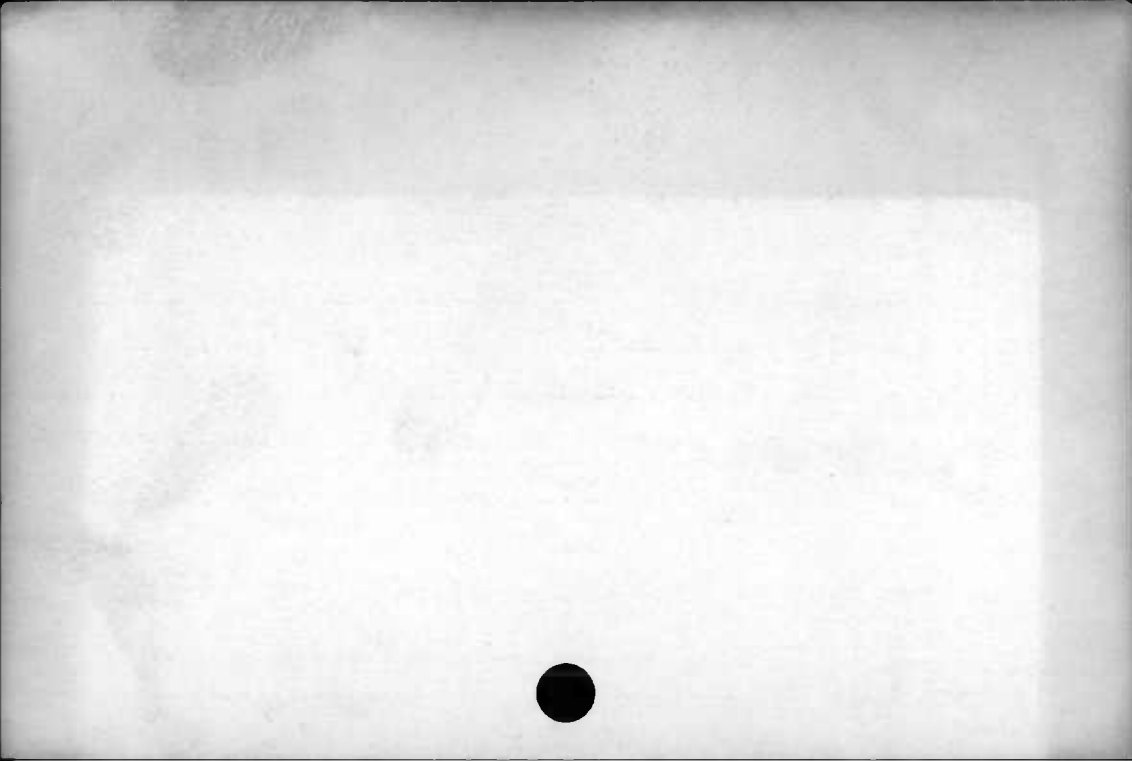
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Parran</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1902	Month <i>July</i>	Day <i>9</i>	Age <i>17</i>	Years		Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Calvert Co.</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>William Coats</i>				Father's Birthplace <i>Cal. Co.</i>			
Mother's Maiden Name <i>Mariah Brown</i>				Mother's Birthplace " "			
Name of person giving In formation <i>John Gray</i>				How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Pulmonary Tuberculosis</i>	How long <i>3 yrs</i>
Immediate	<i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Leitch</i>
<i>yes</i>		Address <i>Hennington</i>
		
		
Accident or Suicide?		



Name in Full

Certificate of Death

Jackson Brockline

Town

County

Died at

Adelina

Calvert

MARYLAND

Date 19

02

Month

Day

July 9

Age

Y.

M.

D.

Native of

Occupation

2 months

Calvert

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Jackson Brockline

Alice Picher

Cause of

Primary

Stomach disease

How long sick

one day

Death

Immediate

Accident, Suicide, Homicide

Reported by

W H Hutchins

151

Address

Adelina

Calvert County
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7000



Name in Full

Certificate of Death

12

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

Female

White

Colored

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at *Lo. Maitland**Calount*

Month Day

Y. M. D.

Native of

Occupation

Date 1902

*July 4*Age *25* & 0*Calount**Farmer*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

Death Immediate

How long sick

died suddenly

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76886



Minnie Elsie Hill

Died at ^{Town} Oliv ^{County} Calvert MARYLAND

Date 1902 July 19 | Age - 64 | Native of Md | Occupation _____

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living -

Husband of _____

Wife

Father's Name Isaac H. Hill Mother's Name Mary Bond

Cause of Death { Primary Whooping Cough & } How long sick 3 weeks

Immediate Entirely fatal

~~Accident, Suicide, Homicide~~

Reported by Dr. J. Chambers MD

Address Bertha Calvert Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Peter Philips

Died at

Bertha

Town

Calvert

County

MARYLAND

Date 19

02

Month

July

Day

17

Age

Y.

67

M.

D.

Native of

Maryland

Occupation

Laborer

Male

~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

- 154 -

Cause of

Primary

Smile Debility

How long sick

8 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Gas L Tucker

Undertaker

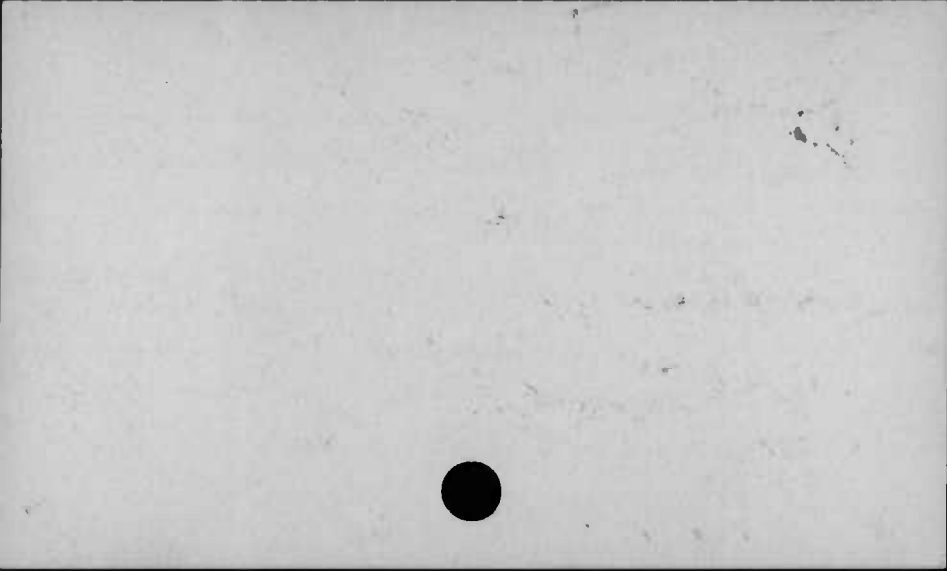
Address

Cove Point

Calvert Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Philip Mitchell Railey
 Town Solomons County Calvert

MARYLAND

Died at

Date 1902 July 24 | Month Day Y. M. D. | Native of Maryland | Occupation Oysterman
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

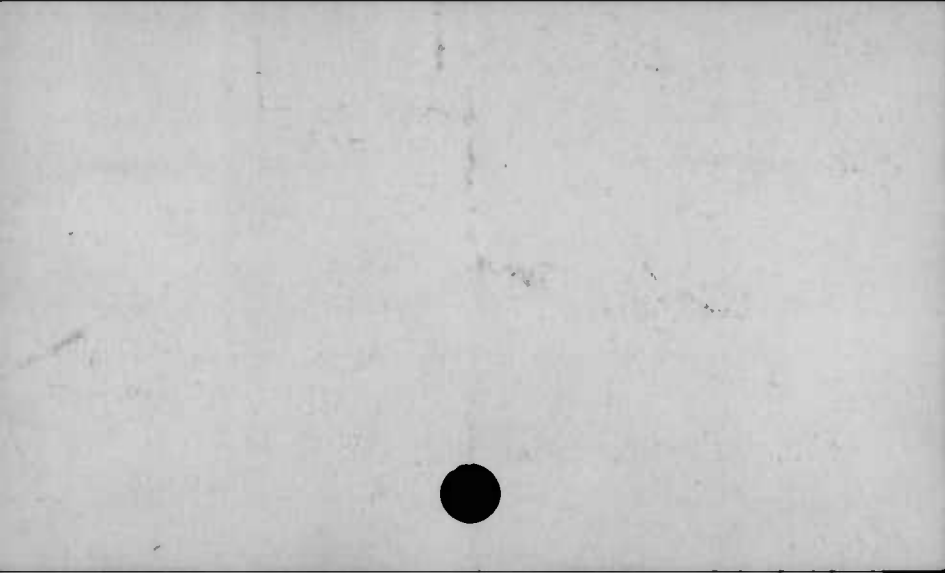
Father's Name Philip Railey | Mother's Name Mary D. Jarleton
 Maiden Name

Cause of Death { Primary Tuberculosis 28 | How long sick 3 wks
 Immediate Tubercular Meningitis | ~~Accident, Suicide, Homicide~~

Reported by

Address

Dr. W. H. Marsh,
 Solomons Calvert Co.
 Md.



Name in Full

Certificate of Death

Marian Smith

Died at ^{Town} Adelina ^{County} Calvert MARYLAND

Date 1902 July 8
 Month Day Y. M. D. Native of Occupation
 Age 4 Calvert, none
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Joseph Wolford
 Mother's Maiden Name Marian Smith

Cause of Death { Primary information of stomach 6 weeks
 Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by

Address

Rev W A S Bailey
 Adelina Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles A Stockett

CERTIFICATE OF DEATH

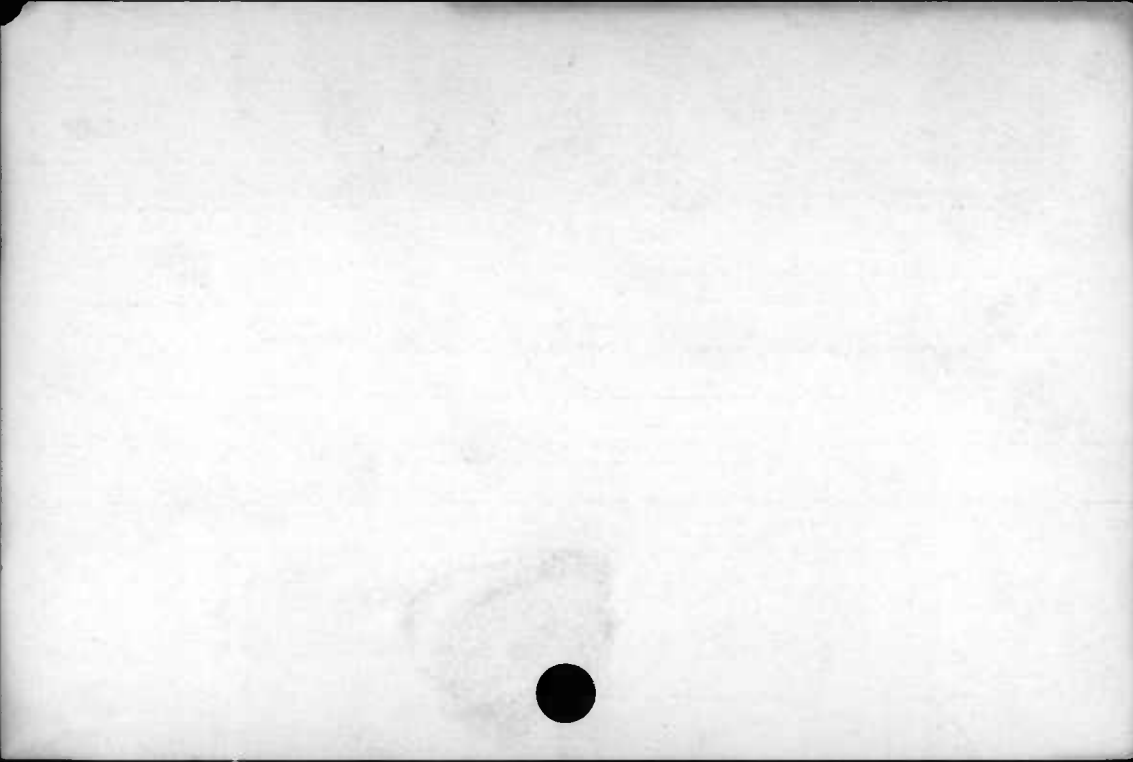
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i> ^{Town}			<i>Calvert</i> ^{County}			MARYLAND		
Date of death 1902		Month <i>July</i>	Day <i>7</i>	Age <i>3</i> Years		Months <i>9</i>		Days
Sex <i>Male</i>			Color or Race <i>Negro</i>			Birth-place		
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name <i>E. A. Stockett</i>						Father's Birthplace		
Mother's Maiden Name <i>Mary F. Smith</i>						Mother's Birthplace		
Name of person giving information <i>E. A. Stockett</i>						How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Hydrocephalus</i>		How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Leitch</i>
		Address <i>Huntingtown Md</i>
<i>D</i> Accident or Suicide?		



Milburn Cecil Hagelme

Town

County

Died at

Come Point Calvert

MARYLAND

Date 1902 July 4 Y. M. D. Age 4 15 Native of Maryland Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's
Name

Charles C. Hagelme

Mother's

Maiden Name

Malvina D. Wilks

Cause of

Primary

Whooping Cough &

How long sick

8 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo L. Tucker Undertaker

Address

Come Point Calvert Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Cornelius Bodum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Huntingtown</u> ^{Town}		<u>Advert</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>July</u>	Day <u>28</u>	Age <u>2</u>	Years <u>6</u>	Months <u>6</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Cal, Co.</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>John Bodum</u>			Father's Birthplace <u>Cal, Co.</u>		
Mother's Maiden Name <u>Lody Diggs</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>John Bodum</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Nephritis</u> <u>119</u>	How long	<u>2 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. W. Fitch</u>	
		Address <u>Huntingtown</u>	
Accident or Suicide?			

